TRANSMITTAL FORM  (to be used for all correspondence after initial Total Number of Pages in This Submission	5. no persons are required to respond to a college   Application Number   Filing Date   First Named Inventor   Art Unit   Examiner Name	Approved for use through 10/31/2007. OMB 0651-0031 tent and Trademark Officer U.S. DEPARTMENT OF COMMERCE clion of information unless it displays a valid OMB control number.  10 / 66 4, 4 4 9  9 / 20 / 2003 Chen-Yur Huang 2626 Seonard Saint Cyr 249920030020451						
ENCLOSURES (Check all that apply)								
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Aftidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53	Drawing(s) Shell for John John John John John John John John	Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name	poration Marre MURRAY Reg.							
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Signature								

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Fees pursuant to the Catisbilitated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
FEE TRANSMITTAL			Filing Date	Application Number 10/664, 449				
For FY 2008		1/40/4000						
		First Named Inventor Chen-Yw Huang						
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Leonald Faint Ciph					
TOTAL AMOUNT OF PAYMENT (\$)			Art Unit 2626					
				Attorney Dock	et No. Y	144200	30020451	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 09-0469 Deposit Account Name: IBM Corporation								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
WARNING: Information on this form may become public Credit card information change and a state of a large day of the large da								
miormaton and additization on PTO-2036.								
FEE CALCULATION	<del></del>							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING S	FEES Small Entity	SEAR	CH FEES Small Entity		TION FEES	}	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0	•	
2. EXCESS CLAIM F Fee Description	EES						Small Entity	
Each claim over 20 (including Reissues)						<u>Fee (\$)</u> 50	Fee (\$) 25	
Each independent claim over 3 (including Reissues)					210	105		
Multiple dependent claims					370	185		
10tal Claims - 20 or HP	Total Claims					ependent Claims		
HP = highest number of t	otal claims paid fo	x x r, if greater than 20.	- =			<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims								
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge):								
SUBMITTED BY								
Signature Registration No. 1 - 1 Telephone (15 727 3100								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

MURRA

Name (Print/Type)

(Attorney/Agent)

Date

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SUBMITTED BY Registration No. Signature Telephone gys Attorney/Agent) 20, Name (Print/Type) TAHES Date

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